Oxford Testing Criteria

Approved name and symbol of disease/condition(s):	**OMIM number(s):**
Hyperuricemic nephropathy, familial juvenile 1 (HNFJ1)	FJHN1; 162000
Medullary Cystic Kidney Disease Type 2 (MCKD2)	MCKD2; 603860
Hyperuricemic nephropathy, familial juvenile 2 (HNFJ2)	FJHN2; 613092
Approved name and symbol of gene(s):	**OMIM number(s):**
UROMODULIN (Tamm-Horsfall Glycoprotein) : *UMOD*	*UMOD* 191845
RENIN : *REN*	*REN* 179820

Patient name:	**Date of birth:**
Patient postcode:	**NHS number:**
Name of referrer:	
Title/Position:	**Lab ID:**

Referrals will only be accepted from one of the following:	
Referrer	**Tick if this refers to you.**
Consultant Clinical Geneticist	
Consultant Renal Physician	
Consultant Endocrinologists	
Consultant Physician	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	**Tick if this patient meets criteria**
a) low urate excretion **or**	
b) hyperuricemia **and at least one of the following**	
c) medullary cysts	
d) gout	
e) anemia in childhood	
f) family history of tubulointerstitial kidney disease	
g) polyuria, plus mildly elevated serum creainine concentration	
h) renal impairment (tubulointerstitial kidney disease)	

If the sample does not fulfil the clinical criteria or you are not one of the specified types of referrer and you still feel that testing should be performed please contact the laboratory to discuss testing of the sample.